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APPLICANTS

Lars W. Liebmann, Poughquag, NY;

Scott J. Bukofsky, Hopewell Junction, NY;
Ioana Graur, Poughkeepsie, NY;** CONTINUING DATA *no* *no* *no* *no*** FOREIGN APPLICATIONS *no* *no* *no*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 15	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>John</i> Initials <i>JO</i>				

ADDRESS

32074
 INTERNATIONAL BUSINESS MACHINES CORPORATION
 DEPT. 18G
 BLDG. 300-482
 2070 ROUTE 52
 HOPEWELL JUNCTION, NY
 12533

OK *OK* *OK*

TITLE

GENERATING MASK PATTERNS FOR ALTERNATING PHASE-SHIFT MASK LITHOGRAPHY

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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